



9STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

October 25, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:42 Reporting for the week ending 10/19/13 (MMWR Week #42)

CURRENT HOMELAND SECURITY THREAT LEVELS

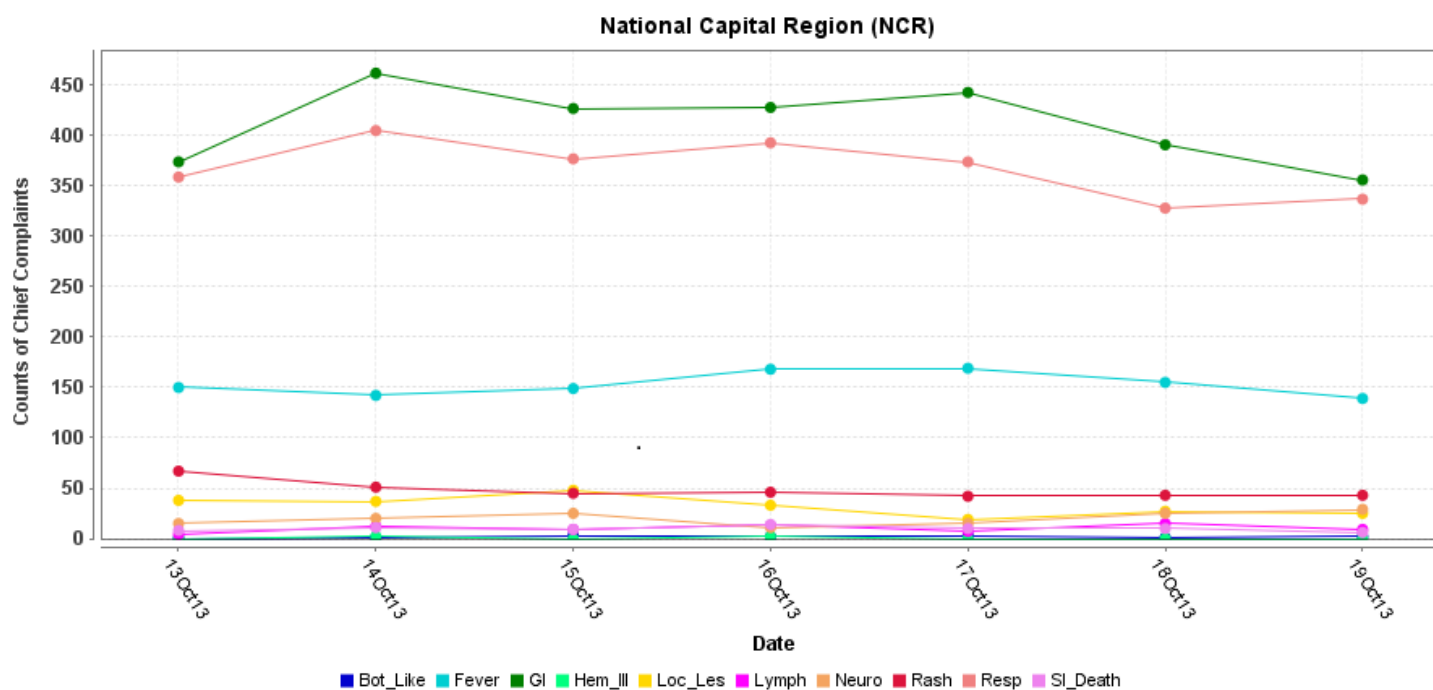
National: No Active Alerts
Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

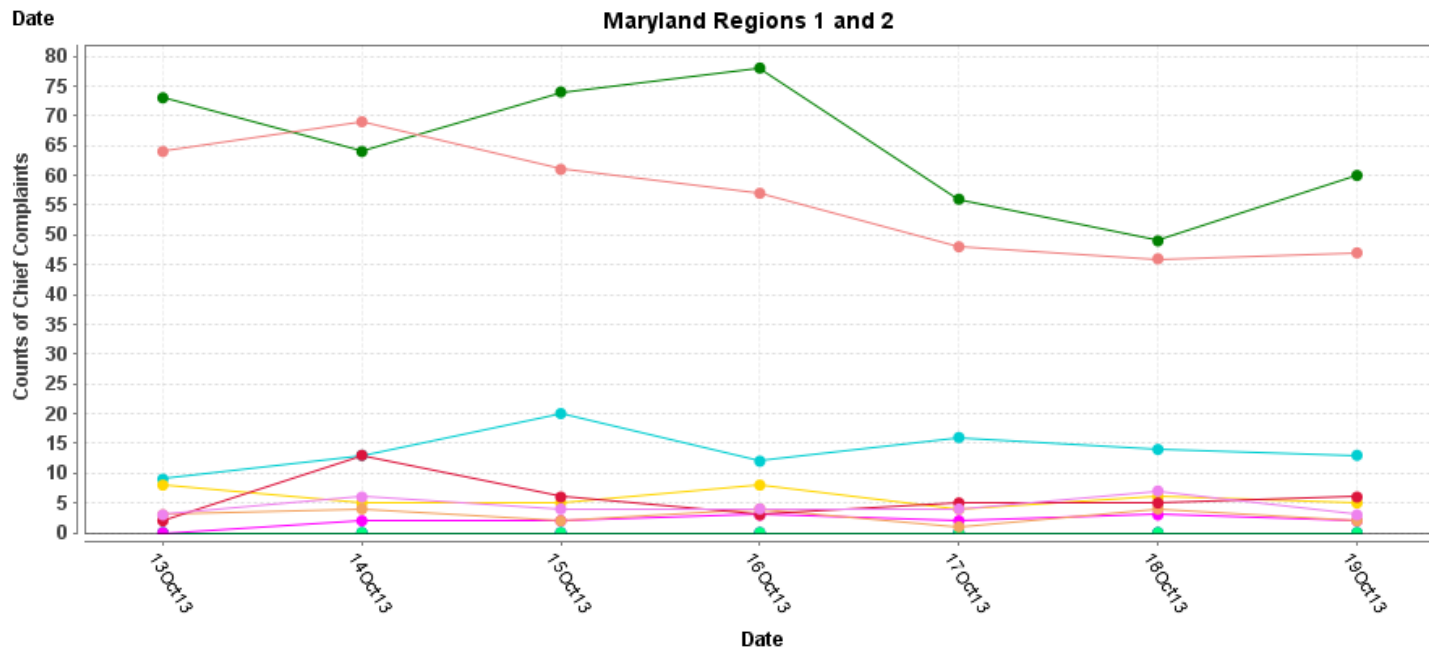
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

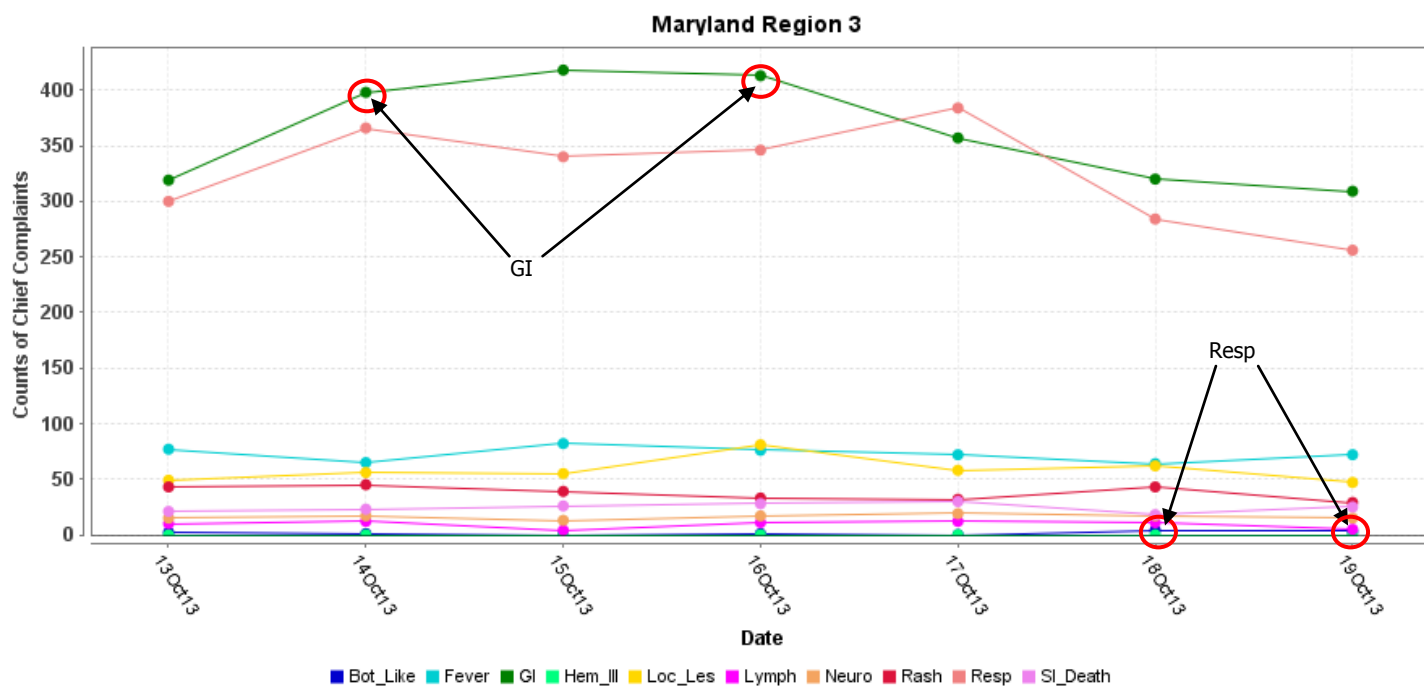


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

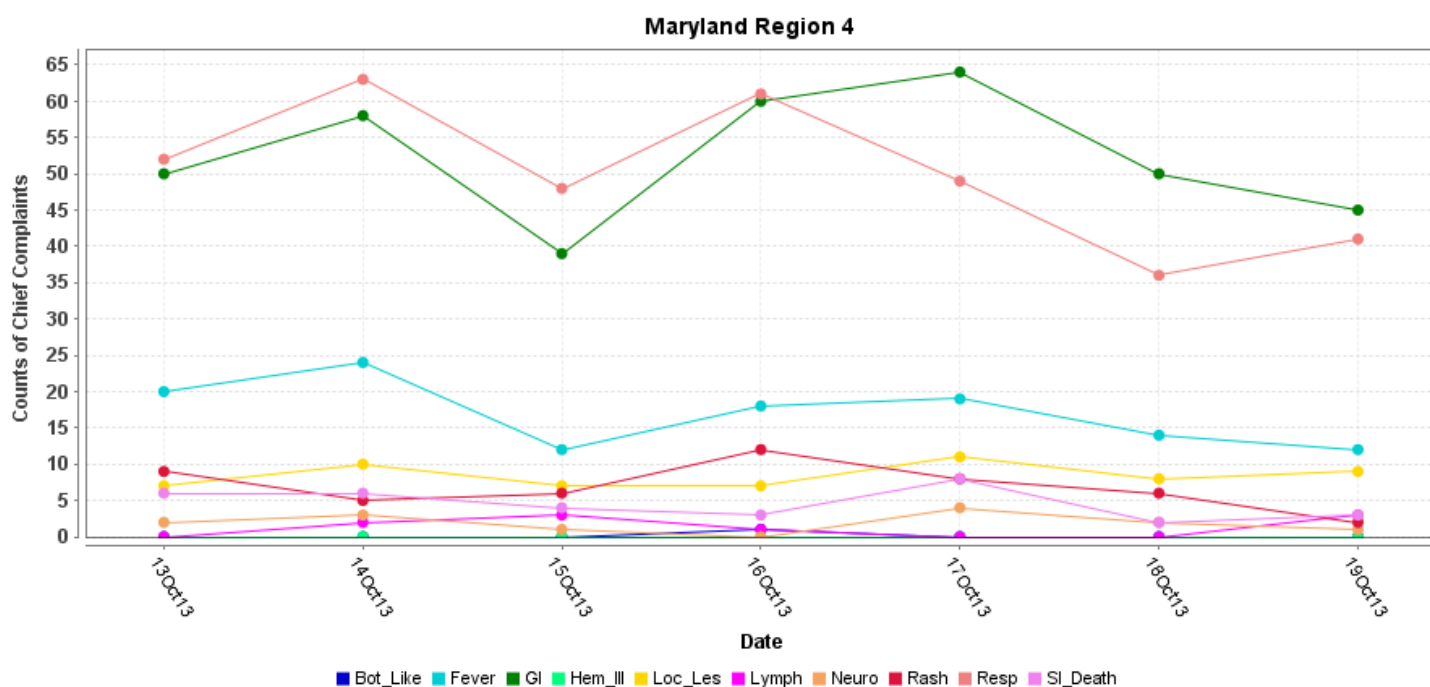
MARYLAND ESSENCE:



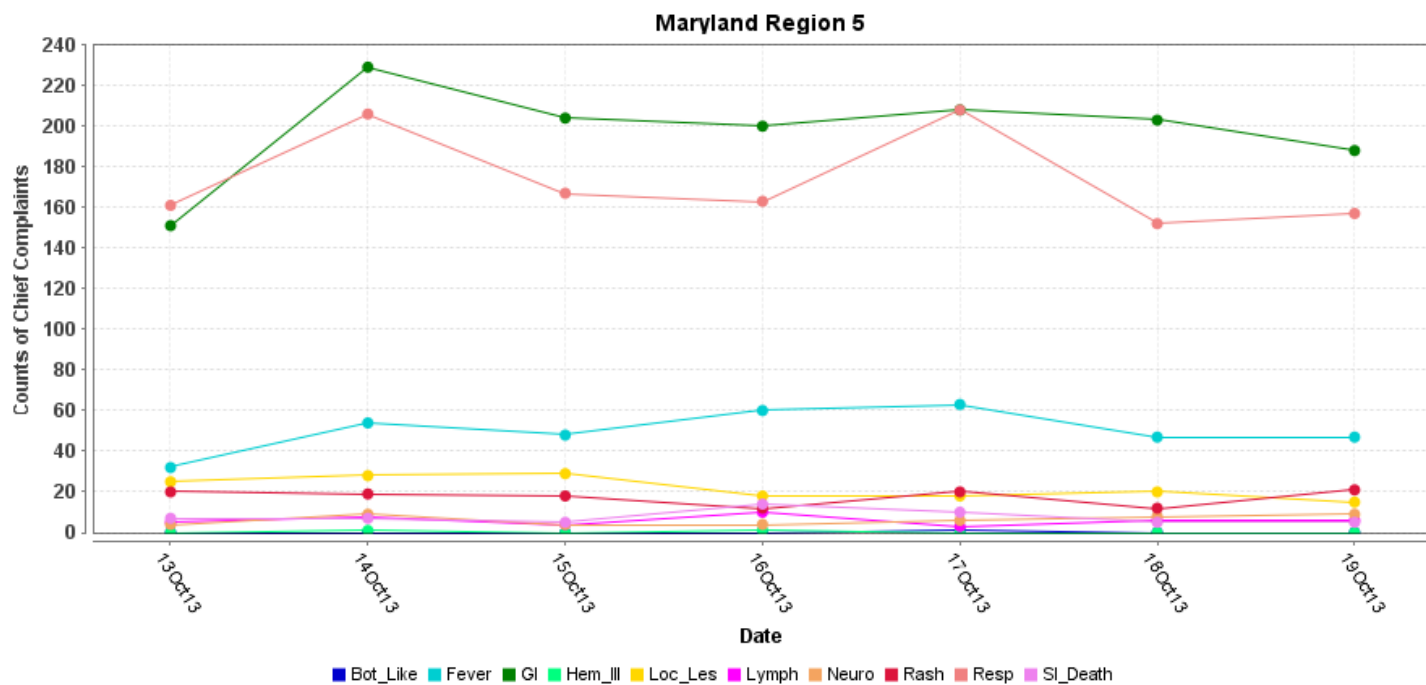
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

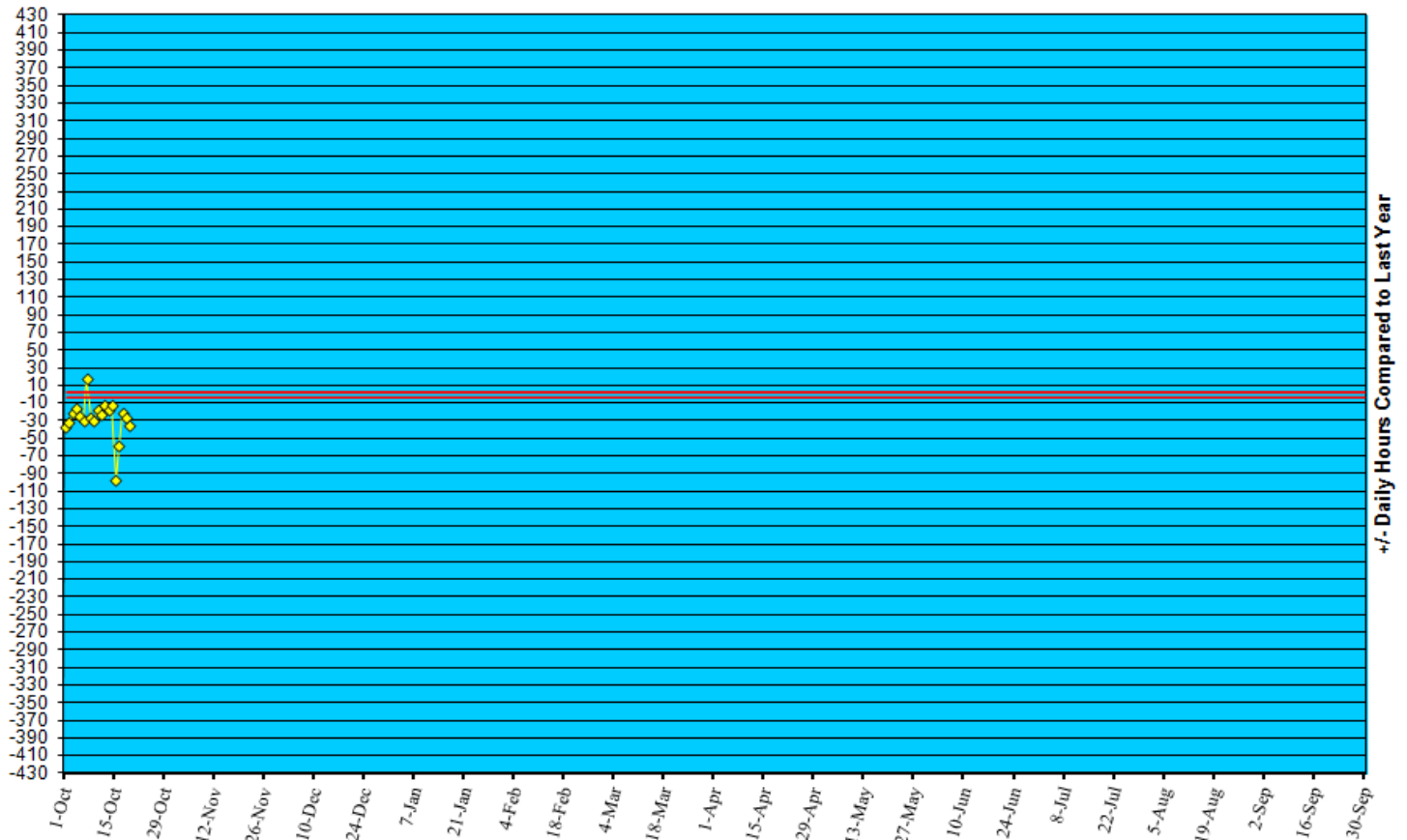


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '13 to October 19, '13



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (October 13 - October 19, 2013):	9	0
Prior week (October 6 - October 12, 2013):	10	0
Week#42, 2012 (October 15 – October 21, 2012):	7	0

1 outbreaks were reported to DHMH during MMWR Week 42 (October 13 - October 19, 2013)

1 Rash Illness Outbreak

1 outbreak of SCABIES in a Nursing Home

MARYLAND SEASONAL FLU STATUS

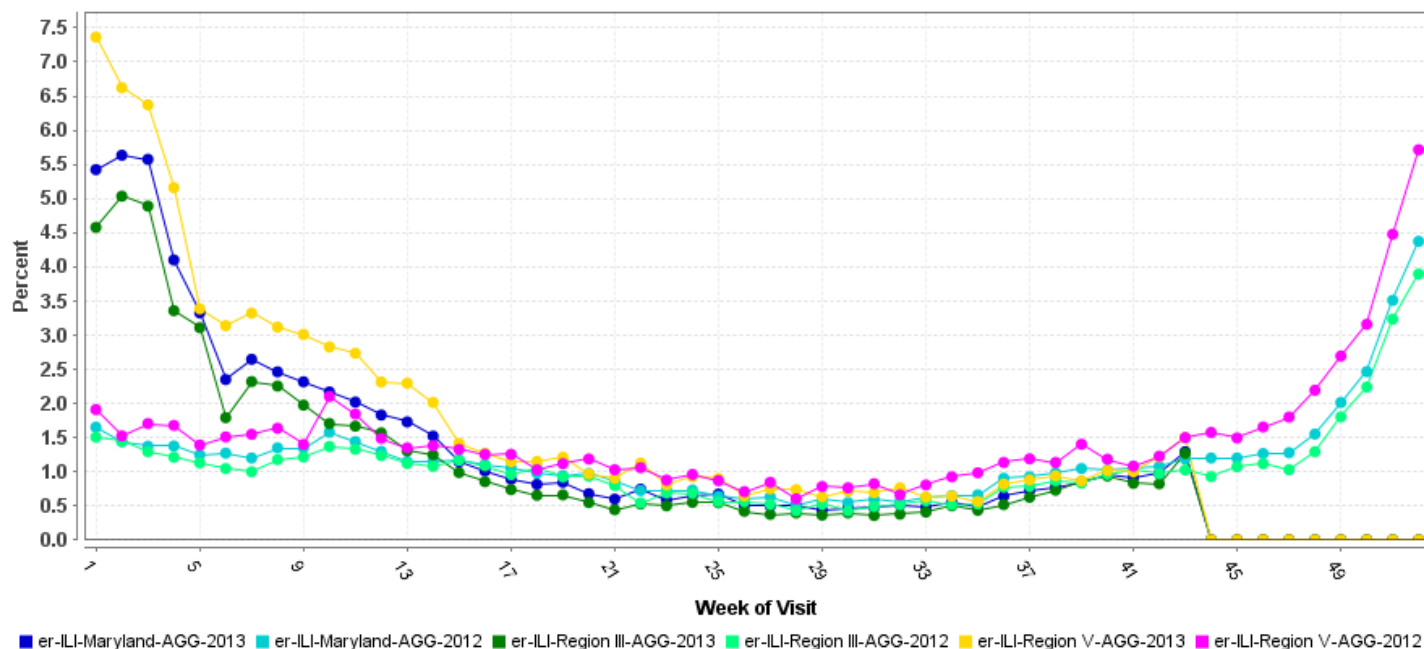
Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 41 was: No Activity with Minimal Intensity

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

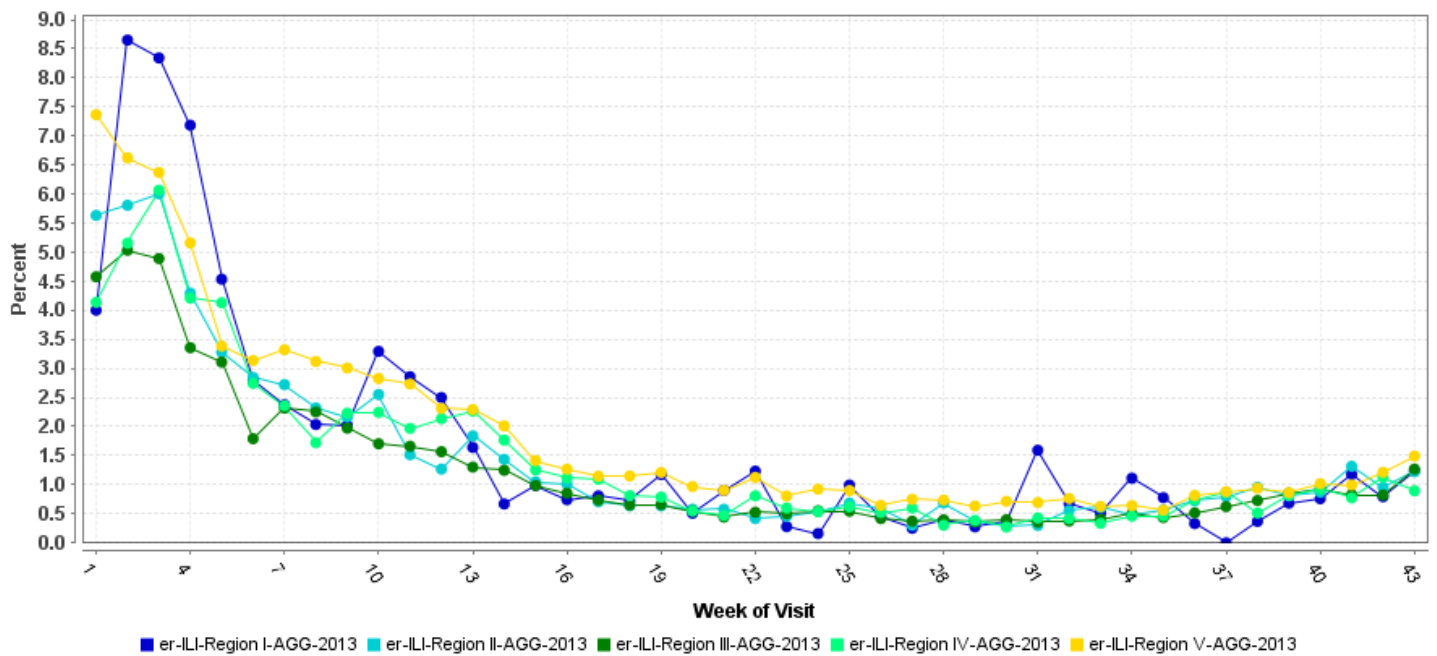
Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

Weekly Percentage of Visits for ILI



* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

Weekly Percentage of Visits for ILI

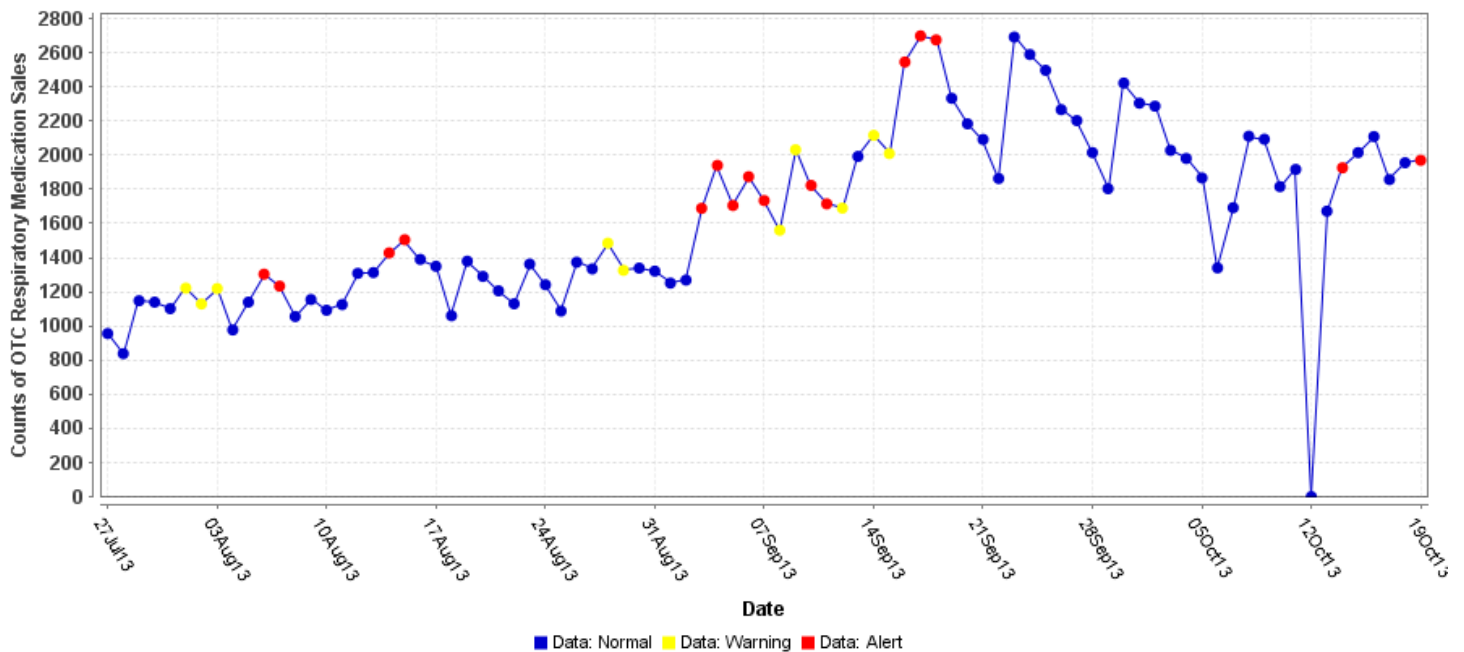


*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.

OTC Respiratory Medication Sales



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 8, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 641, of which 380 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, H7N9, HUMAN (CHINA): 19 October 2013,

NATIONAL DISEASE REPORTS*

There are no national disease reports this week.

INTERNATIONAL DISEASE REPORTS*

EBOLA (DEMOCRATIC REPUBLIC OF CONGO): 19 October 2013, A suspected Ebola fever outbreak in the Orientale Province of the Democratic Republic of Congo has claimed [the lives of] at least 6 people in the last 3 weeks. 7 suspected cases of the deadly hemorrhagic fever have been reported in Isiro and Monga health zones in Orientale Province. One of the deaths was reported in Mongo health zone while 5 others occurred in Isiro Zone. According to Dr Marrie-Josée Karani, the head of the office of the World Health Organization (WHO) in Kisangani, samples from the suspects were sent to the Institute of Biomedical Research (INRB) in Kinshasa and are yet to confirm the outbreak of the deadly virus. He however says the symptoms presented by the victims are similar to those of Ebola fever and asked the population to be extra careful. He also asked the locals to desist from eating wild [animal] meat and to isolate patients who show signs of Ebola fever. If confirmed, this will be the 2nd time that the virus has hit the area in less than a year. In November 2012 the deadly virus claimed 30 people in the territory of Isiro, Orientale Province. The disease was later declared to have been contained at the end of November 2012 by Congolese public health Minister Felix Kabange Numbi. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

MERS-COV (QATAR): 18 October 2013, The Qatar Supreme Council of Health recorded a new case of laboratory confirmed Middle East respiratory syndrome coronavirus [MERS-CoV] in a 61-year-old Qatari citizen. The Council said in a statement on Thursday [17 Oct 2013], quoted by the Qatari News Agency, that MERS-CoV infection was detected and diagnosed by the National Influenza Center in a 61 year old man with clinical disease and that the patient is receiving treatment and his condition is stable. Results of an epidemiologic investigation revealed that the patient did not travel outside of the country during the 2 weeks prior to the onset of illness and had not had contact with other known cases with MERS-CoV infection. The statement said all close contacts of the patient and other family members were being investigated and that the initial results were negative. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (VIET NAM): 17 October 2013, Tainted food was concluded to be the culprit in the hospitalization of nearly 1000 workers at a South Korean-owned garment company in the Mekong Delta Province of Tien Giang last week. Dan Tri online newspaper quoted the Vietnam Food Administration as saying on Thu 10 Oct 2013, that salmonella -- a bacterium often causing food poisoning in humans -- was found in some of the food samples taken from lunch served at Wondo Vina Company last Thu 3 Oct 2013. Wondo Vina workers started having symptoms like stomach-ache, vomiting, headache, diarrhea, and fever around midnight Thu 3 Oct 2013, and the next morning 968 of them were admitted to Cho Gao District's general hospital, including 171 in serious condition. A team of health workers was sent to the company to check and treat another 150 workers who had slight symptoms. Half the patients were discharged later that same day, and no fatality has been reported so far. After the outbreak, authorities closed the company's canteen, where the lunch was cooked by Hoa Lan Company of HCMC [Ho Chi Minh City], for 5 days, to clean and disinfect it. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

VIRAL HEMORRHAGIC FEVER (SUDAN): 16 October 2013, Several areas in Darfur's East Jebel Marra are reportedly witnessing the outbreak of a "mysterious disease" that is especially affecting young children. Symptoms of the disease include face and leg swelling, and small rashes "that quickly turn into bruises". A source explained that 3 adults had also been infected, but got better after being treated at the El Fasher Hospital. "4 children, however, who were also transferred to El Fasher 4 days ago were not cured and their health continues deteriorating," the source continued. He stressed that dozens of other children are suffering from the same symptoms, and the number of cases continues rising, "amid a complete lack of treatment possibilities" in the areas affected. These areas include Koshna, Karfola, Dali, Massaliet, Nimra, Dubbo, Kenjara, and Shurfa. Speaking to Radio Dabanga, activists are appealing to the central government to allow [humanitarian] organisations to access the stricken areas of East Jebel Marra. They also [request] that the World Health Organisation sends a medical team to check what is happening in those areas, as "the government has denied access to doctors, medicines, and treatments for a very long time now." (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CHOLERA (MEXICO): 12 October 2013, Mexican health authorities reported a total of 157 cases of cholera, 145 of them in the central state of Hidalgo, where the source of contagion is a river that provides the water supply for the local population. The federal Health Secretariat said in a communique that besides Hidalgo, the other cases were in the central state of San Luis Potosi, which reported 1 case this Fri 11 Oct 2013, 2 more in the Gulf coast state of Veracruz, and another 9 in the central state of Mexico. The institution said that in the specific case of Hidalgo, a detailed analysis found that "the source of contagion is the pollution of the river, whose water is used by the local population for daily activities like washing food and clothes, for personal hygiene and other uses." The patients in general, it said, are in a moderate state of health, with 70 percent of them not requiring hospitalization, while only one has died. In Mexico state, it said, the cases "have been resolved and have no epidemiological relation with those found in the part of the Huasteca region in Hidalgo state." The secretariat said that all cases confirmed have been reported, according to International Health Regulations, to the Pan American Health Organization. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:

<http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Zachary Faigen, MSPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: Zachary.Faigen@maryland.gov

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: Anikah.Salim@maryland.gov

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmf.maryland.gov